

## **ACCESS TO INFORMATION**

### **Family/Caregivers**

- There are accessible, centralized information clearinghouses for people with ASD, their families and providers
- There is a statewide autism center, with a central office and regional branches, to provide information and resource sharing around issues of ASD
- Establish central clearinghouse (on-line) where parents of children with ASD can easily understand legal framework across government agencies and the educational system from birth to death
- There is information accessible to all on specialized questions/needs (i.e. special needs trusts, life insurance, Soc. Security-Disability, etc)
- There is an adequate number of mental health professionals trained to counsel parents of a child with ASD (address the high divorce rate due to family stress)
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### **Cross Age**

- Clearinghouse/Easily accessible information to families and professionals for individuals with ASD
- More concise and easier to understand written process for filing an appeal within the AHS system. AHS should look at DOE and see how the process is uniform and structured for due process, admin complaint etc. Difficult to follow, different agencies have different processes.....etc.
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### **Sixteen To Twenty-Two**

- Trained transition specialists are available to help schools plan the transition from school to adult life for people with ASD
- People with ASD have access to information about higher education options
- There are extensive systems in place to ensure that transitions for people with ASD are planned well in advance and put in place with full continuity of services
- Parent support regarding transition issues
- Guardianship issues
- Fluid funding!
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## **ADVOCACY**

### **Family / Caregivers**

- People with ASD and their families have access to free or low-cost legal services to address problems in accessing services.

### **Six To Sixteen**

- There is dedicated funding for free or low-cost legal services to represent students and families in special education disputes

### **Twenty-Two To Thirty**

- The system supports and nurtures self-advocacy and self-determination

### **Thirty To ( ? )**

- Green Mountain Self Advocacy will have proportional representation/participation of people with ASD
- People with ASD are included in any committees or discussion groups that work on issues of importance to the ASD community.
- People with ASD work together to advocate for their needs through formal and informal groups.

People with ASD have access to peer support networks.

## **CORRECTIONS**

### **Thirty To Adult**

- People with ASD in the corrections system are identified and provided with appropriate services and accommodations, including skilled case management.
- Prisons provide necessary therapy and support services to inmates with ASD.
- Public defenders are trained in issues related to ASD, and know about legal alternatives to incarceration such as Act 248.
- There are sufficient resources to provide safe community placements for offenders with ASD

## **CULTURE**

### **Cross Age**

- The community is a welcoming and accepting place for people with ASD
- The contributions of people with ASD are valued by those in their community

Supports for people with ASD are responsive to multicultural and multiethnic diversity.

## **DIAGNOSIS**

### **Twenty-Two To Thirty**

- All adults have opportunity for assessment and re-diagnosis (i.e. schizophrenia to ASD)

## **EDUCATION**

### **Twenty-Two To Thirty**

- education and incentives for potential employers is available
- People with ASD are provided support needed to attend college or other post-secondary training
- Young adults have a range of living options with needed support
- All people with ASD will have access to post-secondary education and/or life skills training
- People with ASD have access to employment counseling and supported employment options
- Employment opportunities are available to adults with ASD
- Adults are able to find & keep jobs they enjoy and feel valued doing!
- There are opportunities for life long learning for people with ASD

## **ELIGIBILITY**

### **Cross Age**

- Eligibility criteria for services make a significant distinction between people with ASD and people with mental retardation.
- Eligibility for services does not depend on formal testing cutoffs.

### **Twenty-Two To Thirty**

- Eligibility criteria for adult developmental services do not rely on cutoffs based on testing results. Eligibility is flexible, and provided services matched to need.
- Eligibility criteria for adult services recognize that not all people with ASD are diagnosed before they turn 18.

## **EMPLOYMENT**

### **Thirty To ( ? )**

- Employment discrimination laws are fully enforced. People with ASD have access to information about employment discrimination and how to enforce it.
- Working people with ASD are fully integrated into the workforce, and not segregated into employment enclaves.
- Adults receive support to be employed.
- People with ASD have access to a full range of employment opportunities. There are many and varying vocational choices for individuals
- All adults with ASD have access to meaningful employment & job supports built around their individual needs



## **EQUITY**

### **Cross Age**

- Uniformity (or as close as possible) of services across age groups  
(i.e. uniformity of access to high quality services across state)

### **Birth To Three**

- Equity in services for children with ASD and their families

## **FUNDING**

### **Family / Caregivers**

- Home providers for people with ASD get sufficient reimbursement
- Funding is available for family, extended family and PCAs for training
- Flexible funding for families for respite, etc
- Private insurances within the state are required to include services for individuals with ASD (cannot exclude services based on ASD disability/diagnosis)
- Adequate funding/resources are available for families to access desired services
- There is flexibility in how the PCA funding is utilized
- Close income loopholes-families that do not qualify based on income guidelines but are just above cutoff so also do not qualify for grants, yet child is not in danger of leaving house
- Income based flexible funding scale and other applicable scales are updated yearly to match current poverty figures and cost of living
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### **Cross Age**

- Agency of Human Services is an entitlement (as is Dept. of Education)
- Having a pool of money to meet needs across education and human services
- All people with ASD will have access to unified funding across service areas
- State funding of services includes planned yearly growth in all areas to accommodate the needs of a growing ASD population. Providers do not need to use resources to fight for adequate funding every year.
- There is a 'seamless' funding stream for families
- All individuals have same access to Vocational Rehab. Services
- All individuals with ASD are eligible for same /similar supports (waiver)
- The funding(pay) offered to individuals to fill the workforce needs is adequate to attract quality personnel (many aide/community work/PCA pay is slightly higher than minimum wage (not livable in VT) but we are asking for BA or Associates degrees for minimum qualifications)
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### **Three To Five**

- Home and community based service & funding needed along with educational services

### **Six To Sixteen**

- Full developmental services are available to all children with ASD, not just those in crisis situation
- All children with ASD will have access to education, mental health, developmental services funding, supports & programs according to needs demonstrated

## **GUARDIANSHIP**

### **Thirty To ( ? )**

- The state has in place an active system to monitor private guardianships and enforce the terms of court guardianship orders.
- The state has systems in place to detect and prevent exploitation and abuse of people with ASD

## **HOUSING**

### **Twenty-Two To Thirty**

- Supported living environments available to adults with ASD
- Adults with ASD have housing options that meet their individual needs
- There are many and varying residential options for those with ASD  
(independent, semi-independent, group living situations, dependent)

### **Thirty To ( ? )**

- All people with ASD have access to residential alternatives that promote maximum independence, safety and meaningful social relationships
- Supports needed available as caregivers are not able to continue care
- People with ASD are not isolated by their housing situations
- People with ASD have a wide range of housing options that provide for maximum choice and independence
- Housing discriminations laws are fully enforced. People with ASD have access to information about housing discrimination and how to report it
- There are many and varying residential options for those with ASD  
(independent, semi-independent, group living situations, dependent)

### **Elderly**

- Flexible residential supports to maintain independence
- Nursing home assisted living, etc available and trained in ASD
- Supports needed available as caregivers are no longer able to provide care
- There are many and varying residential options for those with ASD  
(independent, semi-independent, group living situations, dependent)

## **MEDICAL**

### **Cross Age**

- Medical professionals are knowledgeable about specific health concerns associated with ASD and provide necessary accommodations to provide appropriate healthcare
- There is medical research on ASD being done in Vermont
- There is a database of families/individuals who are willing to be contacted to participate in current or future medical and/or behavioral research locally
- All individuals (at any age) will have access to physicians, psychiatrist, psychologist (etc) that can screen and diagnosis asd. This is especially important in the adult population which has few if any providers that can diagnosis. (I am especially concerned with the corrections, as my assumption there are many individuals with asd incarcerated, with incorrect diagnosis, etc)
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## **POLICY**

### **Six To Sixteen**

- The Department of Education has in place, and enforces, mandatory regulations regarding the use of restraint and other behavior control strategies

## **SERVICES**

### **Family / Caregivers**

- All families of person with ASD will have access to supports: emotional, respite, peer, etc
- All parents of person with ASD will have access to professional & peer support, training, & skill as issues of independence & separation emerge in their adult children
- Support/networking opportunities for families
- Increase support to families in identifying appropriate PCA providers
- Trained community support workers available for home supports
- Parents have access to support network that is knowledgeable & positive
- Families receive training and support to nurture their child's development and enjoy family life
- All families who wish it have access to case management services
- All families have access to the same services throughout the state
- Training provided to all families around caregivers/workers (how to manage their 'employees'/PCA) – liability issue to be worked out
- Families have assistance (and have options) to make long term (some life long) plans for their children. This would be to recruit and train individuals to be guardians when the family is unable to do so anymore. If trained correctly, they can make good decisions with the individual with asd and their treatment team.

### **Cross Age**

- All services are individualized and based on needs of the person
- Interventions provided are evidence-based or promising practices
- People receive support to be participating members of their communities
- Services are provided in the least restrictive, most effective settings to reach persons' goal
- All people with ASD will have access to relationship & sexuality education as well as access to supports related to dating, marriage, parenting
- All people with ASD will have communication programs/technology that fits their individual needs
- Additional respite houses (with trained personnel).
- All people with ASD will have access to a variety of interventions built around their individual needs
- Service providers have specific programs geared to the unique needs of people with Aspergers
- Services for people with ASD are flexible and adaptable to the range of needs
- Children and families will receive appropriate services upon diagnosis
- Increased respite
- Increased access to crisis beds around the state (more of them)
- Resources available for addressing sex offending behaviors for children with ASD/DS issues
- All individuals with ASD have a comprehensive plan

- Each individual with ASD has a coordinated service plan to meet their individual needs
- Vermont matches or exceeds the services hours/levels recommended by the National Research Council
- All people with ASD will have access to meaningful individual and peer recreational & leisure activities
- Recreation/leisure opportunities available for all with ASD
- There are regional autism centers of excellence throughout the state
- Children and adults with ASD will have opportunities for recreation in their communities
- There are multiple and varying types of recreational and community opportunities (and the funding to allow this to occur)
- Utilize current programs that are excelling from other states

### **Birth To Three**

- All children are screened for ASD by 18 months and at regularly scheduled well child visits. (using the recommended AAP screening tools)
- Screen all children for ASD at 18 months of age and again at three years of age through standardized screening protocol disseminated to pediatricians/family practice MDs
- All children will be screened for ASD by 18 months
- All children diagnosed/screened by 18 months
- All referrals for an ASD evaluation have evaluation/diagnosis completed in a timely manner
- Available trained early interventionists across all regions
- All children receive intensive early intervention as recommended by the National research Council (2001) as soon as diagnosed
- Once a child is diagnosed with ASD, needs are identified and services will start in a timely manner
- Children have access to knowledgeable experts & professionals for diagnostic purposes
- Young children with ASD have access to structured peer opportunities

### **Three To Five**

- EEE programs provide services that allow working parents to access them.
- EEE offers a range of service options, including full day programs, work in other day care settings, in or out of district, and in the home
- Each region of the state has day cares and preschools with trained staff specializing in early intervention for ASD. These preschools include children with and without ASD diagnoses. These schools collaborate with local EEE programs to provide coordinated early intervention services for children with ASD in an integrated setting. Services of physical, occupational and speech therapists are coordinated to provide maximum service levels and efficiency of delivery.



- School have sufficient funding and resources to provide early intervention services at fully recommended levels in a range of settings- in school EEE programs, day care and preschool settings, and at home

### **Six To Sixteen**

- All districts provide the full range of appropriate services to students with ASD
- Smaller school districts have flexible placement options and share resources to allow maximum range of services to be provided
- All students with ASD are educated in the least restrictive environment
- All children with ASD receive appropriate instruction in LRE
- Groups available to adolescents with ASD around healthy sexuality
- There are more intensive school programs (such as Baird) for students with ASD available around the state, with sufficient spaces to meet needs.
- Intensive school programs for students with ASD are available for all school ages, through high school.

### **Sixteen To Twenty-Two**

- Adults with ASD have available ongoing training to acquire and improve daily living skills
- People with ASD receive all appropriate supports to allow them to pursue higher education options
- There is adequate expertise/resources to support & guide families who are seeking college options
- All teens/young adults with ASD will have counseling, skills and support groups available
- Fluid funding!

### **Thirty To ( ? )**

- Adults have choice and control of their lives
- People with ASD have access to a full range of leisure and recreation options
- People with ASD have services and supports to help them make more social connections, both within and outside of the ASD community
- People with ASD have transportation resources available to allow them to the full range of community services
- People with ASD have the supports needed to form intimate relationships and families
- All people with ASD will have access to periodic assessment of cognitive and functional level throughout the lifespan

### **Elderly**

- Supports available as care givers are no longer able to provide care
- Elderly and geriatric service providers trained in ASD

## **SYSTEMS COORDINATION**

### **Cross Age**

- Services & supports are well coordinated across service delivery systems
- All people with ASD will have coordinated case management with lead or designated case manager across service area
- Agencies keep full and reliable statistics to track the needs of people with ASD
- Services for people with ASD are centralized, rather than spread among several agencies
- Service providers, when terminating services, give adequate and timely notice well in advance of the termination, with clear information about how to file an appeal
- There is a centralized system of peer navigation and support for people with ASD
- Increased coordination between developmental and mental health services
- Children & families will have access to ‘case management’ across systems – educational, medical, community (with one point person)
- Increased research into benefits and disadvantages of residential care for children with ASD
- There is a lead agency who is accountable for overseeing & ensuring a comprehensive system of care is provided for all individuals with ASD
- ‘Lead agency’ will also have a best practices guideline for the comprehensive plan
- Trained transition specialists are available to help schools plan the transition from preschool to school, between schools, and from school to adult life for people with ASD
- There is a system in place to ‘track’ and maintain an accurate working knowledge of how many individuals in the state are on the spectrum
- There is a system in place to ‘track’ and maintain an accurate working knowledge of how much funding is being spent/directed to individuals in the state that are on the spectrum
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### **Three To Five**

- Coordinated services
- Service levels are maintained when children move from FITP to EEE, especially in services geared toward home and daily living skills
- Home and community based service & funding needed along with educational services

## **TRAINING**

### **Family/Caregivers**

- Parent training/support (small workshops, mini-classes) provided/offered through trained professionals/organizations (done primarily or others communicated through parent run support groups currently)
- There are training/guidance materials for families who manage their own PCA program

### **Cross Age**

- All providers (school, home based, medical) have appropriate training to provide needed services and supports
- The state provides incentives (tuition remission, required courses) for professionals to receive training and to devote their practices to clients with ASD
- The ASD support system is proactive in adapting to changing information about research-based best practices
- All mental health practitioners are trained to recognize symptoms of ASD
- Providers are trained in recognizing and addressing dual diagnosis ASD/mental health issues (in all areas around the state)
- All pediatricians & nurse practitioners are trained to recognize symptoms of ASD
- All emergency responders (police, EMT, fire, Mental Health crisis, call centers, etc) receive formalized ASD training
- All health care workers have understanding of ASD
- Within UVM/state colleges, develop curriculum that will train/educate students to work with ASD kids in full range of services needed for those kids/adults
- All community recreation staff have understanding of ASD
- Families have training available to help them learn how to support family members with ASD.
- There is adequate support/training around community based services
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### **Six To Sixteen**

- Training/acknowledgement around especially difficult developmental and structural transitions
- All special educators and SLPs have the technical skills needed to program for students with ASD
- All teams have access to trained clinical consultation
- All school personnel/staff have understanding of ASD
- School staff around the state have regular meetings and trainings to share ideas about best practices and resources for students with ASD
- Each school has staff fully trained in dealing with behavior related to autism
- Each school district has at least one autism specialist on staff

# **WORKFORCE**

## **Family /Caregivers**

- Home providers for people with ASD get sufficient reimbursement
- Funding is available for family, extended family and PCAs for training
- Flexible funding for families for respite, etc
- Private insurances within the state are required to include services for individuals with ASD (cannot exclude services based on ASD disability/diagnosis)
- Adequate funding/resources are available for families to access desired services

## **Cross Age**

- Workforce – demographic of labor shortage
- There are sufficiently trained numbers of service providers
- There are sufficient numbers of trained professionals in all areas to support people with ASD: medical providers, teachers, aides, therapists, home providers, supported employment providers
- Increased respite --especially for those with the most challenging behaviors
- Increased access to crisis beds around the state (more of them)
- Resources available for addressing sex offending behaviors for children with ASD/DS issues
- Respite providers are reimbursed at appropriate rates that encourage trained, long-term providers

## **Birth To Three**

- All referrals for an ASD evaluation have evaluation/diagnosis completed in a timely manner
- Available trained early interventionists across all regions --enough to provide universal screening.
- Children have access to knowledgeable experts & professionals for diagnostic purposes

## **Three To Five**

- There are sufficient trained providers to provide early intervention services for children diagnosed with ASD
- Training in ASD early intervention methods is a required element of all early childhood education training in the state
- Teacher education programs across the state work with school districts to provide staffing for early intervention services